PTO/SB/05 (08-0)

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-003 U S Patent and Trademark Office; U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## UTILITY **PATENT APPLICATION TRANSMITTAL**

20-LC-2017/624226.299 <u>Attorney Do</u>cket No. Mark Cecchetti First Inventor System and Method For Tracking Work Flow

Express Mail Label No. | EL776654165US

(Only for new horiprovisional applications under 57 GTX 1.35(b)) Express Wall Educatives									
APPLICATION ELEMENTS		A	Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application						
See MPEP chapter 600 concerning utility patent application contents.		nts.	Washington, DC 20231						
1. Submit an original and a	orm (e.g., PTO/SB/17) duplicate for fee processing)		7. CD-ROM or CD-R in duplicate, large table or Computer Program ( <i>Appendix</i> )						
2. Applicant claims s See 37 CFR 1.27.		8.	. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)						
3. Specification (preferred arrangement)			a. Computer Readable Form (CRF)						
	e to Related Applications		b. Specification Sequence Listing on:						
-	arding Fed sponsored R & D quence listing, a table,		i. ☐ CD-ROM or CD-R (2 copies); or						
or a computer p	rogram listing appendix		i i.□ paper						
- Background of - Brief Summary		+	c. Statements verifying identity of above copies						
<ul> <li>Brief Descriptio</li> </ul>	n of the Drawings (if filed)	⊢	ACCOMPANYING APPLICATION PARTS						
<ul> <li>Detailed Descri</li> <li>Claim(s)</li> </ul>	ption		9. Assignment Papers (cover sheet & document(s))						
- Abstract of the	Disclosure	1	10. 37 CFR 3.73(b) Statement Power of Attorney						
4. Drawing(s) (35 U	S.C. 113) [Total Sheets 9 ]	1	11. English Translation Document (if applicable)						
5. Oath or Declaration	[ Total Pages 3]	1	12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations						
a. Newly execu	uted (original or copy)	1	13. Preliminary Amendment						
b. Gopy from a	prior`application (37 CFR 1.63 (d)) tion/divisional with Box 17 completed)	1	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
i. DELETION OF INVENTOR(S)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR			16. Other: Express Mailing Certificate						
1 63(d)(2)	and 1.33(b).		Other: DADICSS Williams Continuate						
	Sheet. See 37 CFR 1.76								
17. If a CONTINUING APPLI	CATION, check appropriate box, and	supply the	requisite information below and in a preliminary amendment,						
or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of pnor application No 09/685,712 /									
Prior application information.	21/1								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
18. CORRESPONDENCE ADDRESS									
Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or Correspondence address below									
Name	David G. Maire, Esquire								
	Holland & Knight, LLP								
Address	P. O. Box 1526								
City	Orlando	State	FL   Zip Code   32802-1526						
Country	USA	Telephon	ne (407) 244-1179   Fax   407-244-5288						
Name (Print/Type)	David G. Maire	. Maire Registration No. (Attorney/Agent) 34,865							
	5202 M	عبو	Date 2/16/2001						
Signature	I X WYY X 1 16	2000	Date Syle/300/						

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to respond

## **FEE TRANSMITTAL** for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 710.00

Complete if Known				
Application Number	Not Assigned			
Filing Date	Simultaneously Herewith			
First Named Inventor	Mark Cecchetti			
Examiner Name	Not Assigned			
Group Art Unit	Not Assigned			
Attorney Docket No.	20-LC-2017/624226.299			

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge			3. ADDITIONAL FEES						
Indicated fees and credit any overpayments to.  Deposit  Depo		Large Fee	Entity Fee	Smal Fee	II Entity Fee		Description	1	Fee Paid
Account Number	7-0846	1	(\$)		e (\$)		-	ı	Tee Talu
Deposit		105	130	205	65	Surcharge - late f	•		
Account Name General Elect	ric Company	127	50	227	25	Surcharge - late property cover sheet	provisional fili	ing fee or	
Charge Any Additional Fee R Under 37 CFR 1 16 and 1 17		139	130	139	130	Non-English specification			
Applicant claims small entity		147	2,520	147	2,520	For filing a request for ex parte reexamination  Requesting publication of SIR prior to			
See 37 CFR 1 27		112	920*	112	920*	Examiner action	cation of SIR	prior to	
2. Payment Enclosed: Check Credit card Order Other		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action			
FEE CALC		115	110	215	55	Extension for reply within first month			
	OCEATION	116	380	216	190	Extension for reply within second month			
1. BASIC FILING FEE  Large Entity Small Entity		117	870	217	435	•	ctension for reply within third month		
Fee Fee Fee Fee Fee	e Description Fee Paid	118	1,360	218	680	•	nsion for reply within fourth month		
Code (\$) Code (\$) 101 690 201 345 Utility	u filing foo	128	1,850	228	925	Extension for reply within fifth month			
•	710.00	119	300	219	150	Notice of Appeal			
•				220	150	Filing a brief in support of an appeal			
107 480 207 240 Plant filing fee  108 690 208 345 Reissue filing fee			260	221	130	Request for oral hearing			
	isional filing fee	138	1,510	138 1	1,510	Petition to institut	•		
114 150 214 75 F10VI		140	110	240	55	Petition to revive	- unavoidable	<b>e</b>	
SUBTOTAL (1) (\$) 710.00		141	1,210	241	605	Petition to revive	etition to revive - unintentional		
2. EXTRA CLAIM FEES		142	1,210	242	605	Utility issue fee (	Itility issue fee (or reissue)		
Fee from Extra Claims below Fee Paid		143	430	243	215	Design issue fee			
Total Claims 14 -20** = [		144	580	244	290	Plant issue fee			
Independent 3 - 3** = 0 × 0 = (1)		122	130	122	130	Petitions to the Commissioner			
Multiple Dependent =		123	50	123	50	Petitions related to provisional applications			
**or number previously paid, if grea	ater; For Reissues, see below	126	240	126	240	Submission of Information Disclosure Stmt			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)		581	40	581	40	Recording each patent assignment per property (times number of properties)			
* *	110 00			246	345	Filing a submission after final rejection			
	ependent claims in excess of 3	149	690	249	345	(37 CFR § 1.129(a))  For each additional invention to be			
	tiple dependent claim, if not paid					examined (37 CF			
	teissue independent claims ver original patent	179	690	279	345	Request for Cont			
110 18 210 9 **R	Reissue claims in excess of 20	169	900	169	900	Request for expe of a design appli		ation	
and over original patent			Other fee (specify)						
SUBTOTAL (2) (\$) ()			Reduced by Basic Filing Fee Paid SUBTOTAL (3)						
SUBMITTED BY Complete (if applicable)									
SUBMITTED BY  Name (Text)  Devid C. Maine Enquire				ation N	10 21	1 965	· · ·		1170
Name (Print/Type) David-G. Maire, Esquire			(Attorney/Agent) 34,803 (407) 244-117						
Signature ) with Wave							Date	2/16/2	ary

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.